

# Identifying the Competencies in Existing Bioterrorism/Emergency Readiness Training Activities

## REGISTRATION FORM

Thursday, July 28, 2005  
McNamara Alumni Center, University of Minnesota, Minneapolis  
With interactive live webcast

Name: \_\_\_\_\_

\_\_\_\_ I work with a CDC-supported Center for Public Health Preparedness

Role: \_\_\_\_PI \_\_\_\_Coordinator \_\_\_\_Evaluator \_\_\_\_Other: please specify \_\_\_\_\_

Name of Center: \_\_\_\_\_

\_\_\_\_ I work with a HRSA-supported Public Health Training Center

Role: \_\_\_\_PI \_\_\_\_Coordinator \_\_\_\_Evaluator \_\_\_\_Other: please specify \_\_\_\_\_

Name of Center: \_\_\_\_\_

Title: \_\_\_\_\_ Organization/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### REGISTRATION OPTIONS (Please check one):

\_\_\_\_ In-person attendance

Will you also be staying at the Holiday Inn Metrodome? \_\_\_\_ yes \_\_\_\_ no

\_\_\_\_ Live webcast

Please note that you must register by July 21, due to time needed for sending program materials.

\_\_\_\_ I have a disability, dietary preference, or other need that requires accommodation. Please explain:

\_\_\_\_ Please check here if you do not want your name to go on the conference attendee list.

\*If you have a set of BT/ER competency indicators used by your Center that you are willing to share, please send to Mary Hoeppner (hoepp001@umn.edu).\*

**Submit registration form to:**  
Casi Homzik, Program Associate  
Centers for Public Health Education and Outreach  
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Email: homzi002@umn.edu  
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